

# ***Louisiana Department of Insurance***

P. O. Box 94214    Baton Rouge, LA 70804-9214

## **Insurance Company Contact Request**

The Louisiana Department of Insurance maintains a database containing electronic contact information for all life insurance companies which have policies in force in Louisiana. This database exists as a means for the Department to assist individuals who wish to research the possible existence, current or past, of life insurance policies on deceased persons who purchased life insurance while residing in Louisiana. **This database cannot be used to search for policies which were not purchased in Louisiana.**

Any member of the immediate family of a deceased person may file a written request with the Department of Insurance using the form provided below. With that request, the inquirer must attach a copy of the deceased person's death certificate. **The right to file such a request may not be assigned by Power of Attorney, or by any other instrument. The request must come from a member of the immediate family of the deceased person.**

Upon receipt by the Department of this completed inquiry form and attached death certificate, we will direct inquiries to all life insurers which have policies in force in Louisiana, along with information that will allow the insurer to respond directly to the inquirer. Some companies may not be able to search their files electronically and the manual searches may take longer to complete. **The insurer, not the Department of Insurance, will provide a direct response to the inquirer.**

In providing this service, the Department of Insurance is limited by law to directing inquiries to insurers. The Department serves only as a means to facilitate contact, and is not responsible in any way for the content of information obtained, or use or misuse of that information by the inquirer. We will not, as a matter of course, follow up with insurers, but upon request will look into the failure of an insurer to respond to an inquiry.

Please provide the requested information below:

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Date of request \_\_\_\_ / \_\_\_\_ / \_\_\_\_    Inquirer's email address \_\_\_\_\_

Name of deceased person \_\_\_\_\_

Last known Louisiana address of deceased \_\_\_\_\_

Date of birth of deceased person \_\_\_\_ / \_\_\_\_ / \_\_\_\_    Social Security Number\* \_\_\_\_\_

Date of death of deceased person \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Your name \_\_\_\_\_

Your address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Relationship to deceased \_\_\_\_\_ Daytime phone number \_\_\_\_\_

Any additional information \_\_\_\_\_

\*This information is optional, but can be helpful in locating any existing policies